



Practitioner's Docket No. MPI00-252P1RM (previously 10448-061001)

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Curtis, Rory A.J.  
Application No.: 09/875,321                      Group No.: 1646  
Filed: June 6, 2001                      Examiner: Michael D. Pak  
For: 52906, 33408, AND 12189, NOVEL POTASSIUM CHANNEL FAMILY  
MEMBERS AND USES THEREOF.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**RESPONSE TO RESTRICTION REQUIREMENT**

Dear Sir:

Responsive to the Restriction Requirement dated October 3, 2003 (paper number 11), the claims of Group I (claims 1-7 and 12), drawn to an isolated nucleic acid molecule of 52906, vectors, host cell, and method of producing polypeptide, are elected for prosecution without traverse.

Applicants hereby reserve the right to traverse the above restriction with respect to non-elected Groups II-XXXVIII in this or subsequent applications.

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**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\***

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- ☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
**37 C.F.R. SECTION 1.8(a)**                      **37 C.F.R. SECTION 1.10\***

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- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature \_\_\_\_\_

Date: October 30, 2003

Diana Gentile

(type or print name of person certifying)

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Applicants submit herewith and Information Disclosure Statement and accompanying PTO forms PTO/SB/08A and PTO/SB/08B.

This paper is being filed timely as Applicants believe that no extensions of time are required. In the event any additional extensions of time are necessary, the undersigned hereby authorizes the requisite fees to be charged to Deposit Account No. 501668.

Entry of the remarks made herein is respectfully requested.

October 30, 2003

Respectfully submitted,

MILLENNIUM PHARMACEUTICALS, INC.

By



Paul J. Paglierani

Registration No. 52,498

75 Sidney Street

Cambridge, MA 02139

Telephone - 617-761-6865

Facsimile - 617-551-8820



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**TRANSMITTAL**

1. Transmitted herewith for this application is/are:
- a. This Transmittal (2 pages - in duplicate);
  - b. Response to Restriction Requirement (2 pages);
  - c. Transmittal of Information Disclosure Statement (3 pages - in duplicate);
  - d. Information Disclosure Statement (2 pages);
  - e. Forms PTO/SB/08A and PTO/SB/08B (2 pages);
  - f. Copies of 11 References;
  - g. Return Postcard.

**STATUS**

2. Applicant is other than a small entity.

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\_\_\_\_\_  
Signature

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(type or print name of person certifying)

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**PETITION FOR EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a \_\_\_\_\_ month extension:

Fee: \$ 0.00

Extension fee due with this request \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:  
(Col. 1) (Col. 2) (Col. 3) OTHER THAN A SMALL ENTITY

|  | Claims<br>Remaining After<br>Amendment |       | Highest No.<br>Previously Paid<br>For |   | Present Extra |  | Rate     |                     | Addit. Fee |
|--|--|-------|---------------------------------------|---|---------------|--|----------|---------------------|------------|
| Total  | 0                                      | Minus | 0                                     | = | 0             |  | \$18.00  | =                   | \$0.00     |
| Indep.   | 0                                      | Minus | 0                                     | = | 0             |  | \$86.00  | =                   | \$0.00     |
| First Presentation of Multiple Dependent<br>Claims |  |       | 0                                     |   |               |  | \$290.00 | =                   | \$0.00     |
|  |  |       |                                       |   |               |  |          | Total<br>Addit. Fee | \$0.00     |
| Total additional fee for claims required           |  |       |                                       |   |               |  |          | \$0.00              |            |

**FEE PAYMENT**

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 501668.  
If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
75 Sidney Street  
Cambridge, MA 02139

October 30, 2003

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By



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